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FEE TRANSMITTAL For FY 2009 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	10/520,917-Conf. #5145
		Filing Date	January 11, 2005
		First Named Inventor	Aymeric Perchant
		Examiner Name	A. S. Allison
		Art Unit	2624
TOTAL AMOUNT OF PAYMENT		(\$)	245.00
		Attorney Docket No.	17452/005001

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-0591		Deposit Account Name: Osha · Liang LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
34	- 34 or HP	x	=	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP	x	=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

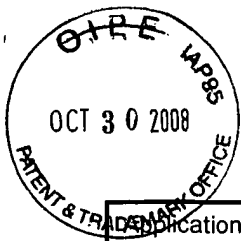
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month 245.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha THOMAS SCHERER	Telephone	(713) 228-8600
		Date	October 30, 2008

22511

PATENT TRADEMARK OFFICE



Application No. (if known): 10/520,917

Attorney Docket No.: 17452/005001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 358481817 US, in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on October 30, 2008
Date

Signature

Debra V. Wieser

Typed or printed name of person signing Certificate

22511

PATENT TRADEMARK OFFICE

Registration Number, if applicable

(713) 228-8600

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)
Fee Transmittal (1 page)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Payment by credit card; Form PTO-2038 is attached (1 page); charge \$245.00 to credit card
Reply Under 37 C.F.R. § 1.111 (11 pages), with Attachment (69 pages)
Revocation of Power of Attorney and New Power of Attorney, with Statement Under 37 C.F.R. 3.73(b) (3 pages)
Return Postcard



10-31-08.

JFW ✓

AMENDMENT TRANSMITTAL LETTERDocket No.
17452/005001Application No.
10/520,917-Conf. #5145Filing Date
January 11, 2005Examiner
A. S. AllisonArt Unit
2624

Applicant(s): Aymeric Perchant et al.

Invention: METHOD FOR PROCESSING AN IMAGE ACQUIRED THROUGH A GUIDE CONSISTING OF A PLURALITY OF OPTICAL FIBERS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	34	- 34 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					245.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					245.00

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. 50-0591 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0591
as described below.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Jonathan P. Osha 45,079
Attorney/Agent Reg. No.: 33,986

Dated: October 30, 2008

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